

EXHIBIT 7

Redacted for Privilege

From: Ellen Rice
Sent: Friday, August 20, 2010 4:12 PM
To: Elliot Pellman, M.D.
Subject: RE: Important message to NFL team physicians

Here it is.

Ellen

From: Elliot Pellman, M.D. [mailto:EPellman@ProHEALTHcare.com]
Sent: Friday, August 20, 2010 4:06 PM
To: Ellen Rice
Cc: Patrick Connor, MD
Subject: RE: Important message to NFL team physicians

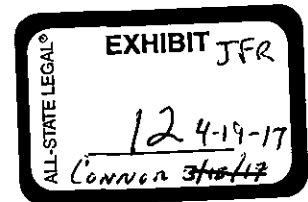
Ellen, can you please send me the final version of the DEA management guidelines that were just posted for my records?
Thank you.

EP

From: Patrick Connor, MD [Patrick.Connor@orthocarolina.com]
Sent: Friday, August 20, 2010 3:57 PM
To: Elliot Pellman, M.D.
Subject: Fw: Important message to NFL team physicians

OK to send to John Norwig.

Patrick M. Connor, MD
The Sports Medicine Center
The Shoulder and Elbow Center
OrthoCarolina



From: Ellen Rice [mailto:erice@methodistsports.com]
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Subject: Important message to NFL team physicians

All,

As you may know, there has been considerable "activity" related to the management of controlled substances in the NFL that has involved (in part) NFL organizations, team physicians, pharmacies, the NFL League Office, the NFLPS, and the DEA. Tony Yates and I have created a memo that summarizes much of the information we've learned, and **it is very important that you read it as soon as you're able**. It is posted under Articles / Research / Miscellaneous in the Members-Only section of our web site. To access this memo, ...

www.nflps.org

Click the "Member Sign In" box in the top right of the home page

Your default username is your last name followed by your first initial (i.e. connorp)

Your default password is the first name of your team (i.e. carolina)

(Both are case sensitive (thus, no caps); and there are no spaces between new york or san francisco or san diego)

You can change your profile, including your username and password, at your discretion

Click Articles / Research, then click the Miscellaneous category

This memo, entitled **Management of controlled substances in the NFL**, is a summary of existing DEA statutes and regulations. After reading, feel free to contact either of us or any other members of the Executive Committee (Art Rettig, Andy Tucker, George Caldwell, Matt Matava, Tony Casolaro) if you have any questions or comments.

This memo is also being communicated to the NFL ATC's through John Norwig, President of PFATS.

Thank you.

Patrick M. Connor, MD

Patrick M. Connor, MD

President, NFL Physicians Society

Team Physician, Carolina Panthers
Team Physician, Charlotte Knights
Team Physician, Joe Gibbs' Racing, Inc.

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Management of Controlled Substances in the NFL

Prescription drug abuse is the fastest growing drug problem in the United States. Many problems associated with drug abuse are the result of legitimately prescribed controlled substances being diverted from their lawful purpose to the illicit drug trade. The mission of the DEA's Office of Diversion Control is to prevent, detect and investigate the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources while ensuring an adequate and uninterrupted supply for legitimate medical, commercial and scientific needs.

As part of the unique challenges and responsibilities of taking care of our patients (players and coaches) as NFL team physicians we are called upon to utilize both prescription and "common stock" inventory of controlled substances when appropriate. Inherent to the privilege of prescribing and dispensing controlled medications is compliance with state and federal statutes and regulations regarding management of these controlled substances.

Tony Yates and I went to Washington, DC on August 5, 2010 on behalf of the NFL Physicians Society to meet with representatives from the DEA Office of Diversion Control and the NFL League Office. The DEA had offered the meeting in order to: (1) establish open lines of communication between the NFL, NFLPS and the DEA; (2) discuss federal DEA statutes and regulations regarding all aspects of controlled substances (i.e. prescribing, storing, transporting, distributing, documenting, etc); (3) discuss the unique practical responsibilities and issues that NFL physicians face in providing care for NFL athletes and coaches (both at home and on-the-road); and (4) to consider optimal ways to meet these responsibilities while fully complying with existing laws.

Below is a summary of the meeting (in no particular order). Although we understand much or all of this information will be familiar to most of you, it is important that every NFL team physician fully understand and comply with existing statutes and regulations. Importantly, please note that all medications referred to below are *controlled substances* (i.e. Controlled Schedule II - V medications such as oxycodone [Percocet], hydromorphone HCL [Dilaudid], hydrocodone [Lortab, Vicodin], zolpidem [Ambien], diphenoxylate HCL [Lomotil], etc). Although antibiotics, anti-inflammatories and/or other non-controlled medications are not referenced in this memo, it is each physician's responsibility to comply with the laws concerning non-controlled prescription drugs as well.

- Written prescriptions are to be patient-specific and medication-specific. Thus, every prescription must have a single person's name on that prescription with all of the specifics regarding the medication, refills, dispensing, etc. Common stock bottles cannot be prescribed or ordered by a standard written prescription.

- Common stock bottles of controlled substances must be ordered using the DEA Form 222 (which is now available online) by a DEA Registrant at a specific address. This form is specific for this purpose. It is a triplicate form, and the ordering physician keeps the back copy for his / her records.
 - Obtaining common stock bottles for distribution requires diligent record keeping by the DEA registrant (i.e. inventory, receiving records, distribution records, theft and loss documentation, drug destruction documentation, etc)
 - Common stock bottles can be obtained from either a wholesale pharmacy or a retail pharmacy
 - The DEA Registrant who orders the stock bottles is wholly and completely responsible for insuring their proper storage, management, and distribution as well as to adhere to proper documentation and record keeping.
- A physician must obtain a distinct DEA registration at the specific address where common stock bottles of controlled substances to be distributed *will be stored*. This is commonly at one of our team facilities.
 - Additional DEA registrations can be obtained through the DEA; they are \$551 for a 3-year registration, and they are tax deductible.
- There are very specific storage requirements for these medications (secure safe, separate location, limited access, etc) which can be reviewed with Dr. Lawrence Brown, the NFL Medical Advisor for Substances of Abuse and the NFL Prescription Drug Program, if necessary.
- Anyone who controls, handles, transports or distributes controlled substances (i.e. common stock bottles) must have a DEA registration. This would include MD's, DO's, PA's, and Nurse Practitioners.
 - Most states do not allow Certified Athletic Trainers (ATC's) to handle, transport, distribute, dispense, or administer controlled substances.
 - It is the responsibility of the DEA Registrant to determine whether or not the state in which he or she lives allows ATC's this privilege.
- We discussed at length the various scenarios in which medications stored at the specific location of the team physician's DEA registration (i.e. the training facility) are transported elsewhere (i.e. the stadium) on game day. In such cases:
 - The medications must either be in the direct possession of the DEA Registrant or meet the same security requirements as when they are stored at the location of the team physician's DEA registration
 - Medications must be transported after the game back to the location of the team physician's DEA registration and stored appropriately
 - Again, ATC's are not permitted in most states to transport controlled substances
- Written prescriptions cannot be written for players and kept by the team physicians or ATC's for later distribution
 - The only recognized custodial capabilities allowed / recognized by the DEA are for long-term care facilities
 - Intermediary can only be a person within the household of the patient

- When distributing medications, the same requirements that pharmacies follow are applicable regarding labels (name of patient, medication, #, dosage, sig, et al). Controlled substances should not be distributed in a Ziploc bag or envelope.
- “Voice orders” from a team physician to an ATC who is at the team facility to distribute controlled substances to players for a certain indication are not allowed.
- Under existing DEA statutes and regulations, physicians and other DEA registrants may not:
 - Travel across state lines with controlled substances with the intent to distribute (i.e. common stock bottles)
 - Administer / dispense / distribute controlled substances in a different state than the DEA Registrant’s address
 - Prescribe controlled substances in a different state than the DEA Registrant’s address.
 - A particular point was made by the DEA that these statutes / regulations are applicable to Ambien and other controlled sleep medications.
- Requirements are even stricter when traveling internationally, including Canada. The specifics related to international NFL games will be addressed separately by the NFL League Office and the specific team medical staffs.
- Traveling NFL team physicians can consult with a local DEA Registrant at away games and have him/her prescribe and/or distribute medications to the traveling team’s players and coaches based on this consultation.
- The concept of a Stadium NFL Formulary was suggested . . .
 - Agreed-upon controlled substances consistently available at all NFL stadiums for distribution at the professional discretion of local DEA Registrants after consultation with the visiting team physicians
 - The local DEA Registrants at the stadiums will be available for visiting team physician consultation on behalf of players, coaches and traveling staff and could prescribe or distribute controlled substances as indicated
 - These local DEA Registrants (local MD’s, PA’s, CRNP’s) would *in the future* necessarily be someone other than the home team physicians to ensure their availability
 - This concept presents many practical issues, such as consistent availability on Saturday evenings at the hotels and/or early Sunday mornings, expense, consistency, standardization, and timing
 - The timing issue is certainly germane as the season is upon us. Based on the fact that getting this Stadium NFL Formulary concept up and running may practically take several months or longer, the concept of an Interim Plan has been discussed as well
 - This Interim Plan will be for the team physicians (orthopaedic and medical) to communicate with each other prior to travel to insure adequate inventory of controlled substances at the away facilities, universal accessibility via cell phone or pager, et al
 - It is suggested that the team medical physicians speak to each other at least *3 days prior to each game* (i.e. Thursdays for Sunday games) to make sure all is in order as it relates to arranging

consultation for prescribing and/or distributing controlled substances as indicated for the traveling team.

The unique and specific situation related to potentially requiring controlled substances while actually in flight for the care of the NFL athlete, coach and/or traveling staff is being considered as a separate issue by the DEA. Further information regarding this will be forthcoming.

The NFL League Office will update the Clubs on these issues at the upcoming League meeting in Atlanta. We have also been in touch with John Norwig, ATC, PFATS President, and all of the above information is being communicated to the NFL ATC's as well.

The DEA representatives from the Office of Diversion Control have kindly agreed to come to our annual meeting at the NFL Combines in February, 2011 to further address these issues to all of the NFL team physicians.

It is important to appreciate that the suggestions in this communication not be viewed as a substitution for your obligation to comply with federal DEA statutes and regulations as well as those of the state in which you practice pertaining to management of controlled substances.

Thank you in advance for your understanding that these are existing DEA statutes and regulations that must be observed to protect you and your organization. Please feel free to contact either of us with any specific questions or comments that you may have.

Good luck to you all this upcoming season.

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Posted August 20, 2010